

## CLAIMS ONLY

Application Number

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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49						
50						
Total Indep	1					
Total Depend	6					
Total Claims	7					

May be used for additional claims or amendments					
	Indep		Depend		
	Indep	Depend	Indep	Depend	
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99					
100					
Total Indep					
Total Depend					
Total Claims					